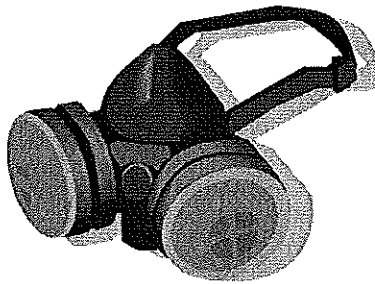


## **Safety Documentation**



## **Respirator Program**

**Respirator Program-OCTE Policies and Procedures Manual, Chapter 4**  
**Instructional Programs, Section 11 Safety**

1. Students who are enrolled in a program, which provides instruction in tasks requiring the use of protective breathing devices, shall have on file a physician's statement of assurance that the individual is physically able to perform the tasks in the program requiring the use of protective breathing devices. The teacher must also have on file a physician's statement of assurance.
2. For ATC staff, the OCTE Policies and Procedures Manual details the requirements under OSHA Standard 29 CFR 1910.134(e)(1)
3. The manual requires a written respirator program be on file for all programs requiring protective breathing devices. According to the OCTE Policies and Procedures Manual, the respirator program should be evaluated with program adjustments made to reflect the evaluation results. The OCTE website has the form Respirator Program Evaluation Checklist to conduct this evaluation.
4. NOTE----Rule of thumb regarding paper dust masks qualifying as a respirator. If the paper mask has two of the rubber bands attached, consider it a respirator; therefore, it will fall in the respiratory category and subject to the respiratory guidelines. Paper dust masks with one rubber band attached will not be subject to the regulations.



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**Respirator Program Evaluation Checklist**

School: \_\_\_\_\_ Program: \_\_\_\_\_

In general, the respirator program should be evaluated for each job or at least annually, with program adjustments made to reflect the evaluation results. Program function can be separated into administration and operation.

**PROGRAM ADMINISTRATION** Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Respond by marking "Y" for YES or "N" for NO													
(1)	Is there a written policy, which acknowledges employer responsibility for providing a safe and healthful workplace and assigns program responsibility, accountability, and authority?												
(2)	Is program responsibility vested in one individual who is knowledgeable and who can coordinate all aspects of the program at the job site?												
(3)	Can feasible engineering controls or work practices eliminate the need for respirators?												
(4)	Are there written procedures/statements covering the various aspects of respirator program, including: <table border="0"><tr><td>_____ Designation of an administrator</td><td>_____ Medical aspects of respirator usage</td></tr><tr><td>_____ Respirator selection</td><td>_____ Fitting</td></tr><tr><td>_____ Issuance of Equipment</td><td>_____ Training</td></tr><tr><td>_____ Maintenance, storage, and repair</td><td>_____ Inspection</td></tr><tr><td>_____ Use under special condition</td><td>_____ Work area surveillance</td></tr><tr><td>_____ Purchase of MSHA/NIOSH Certified equipment</td><td></td></tr></table>	_____ Designation of an administrator	_____ Medical aspects of respirator usage	_____ Respirator selection	_____ Fitting	_____ Issuance of Equipment	_____ Training	_____ Maintenance, storage, and repair	_____ Inspection	_____ Use under special condition	_____ Work area surveillance	_____ Purchase of MSHA/NIOSH Certified equipment	
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_____ Issuance of Equipment	_____ Training												
_____ Maintenance, storage, and repair	_____ Inspection												
_____ Use under special condition	_____ Work area surveillance												
_____ Purchase of MSHA/NIOSH Certified equipment													

**PROGRAM OPERATION**

Teacher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Respond by marking "Y" for YES or "N" for NO	
(1)	<b>Respirator protective equipment selection:</b> _____ Are work area conditions and worker exposures properly surveyed? _____ Are respirators selected on the basis of hazards to which the student is exposed? _____ Are selections made by individuals knowledgeable of proper selection procedures?
(2)	Are only certified respirators purchased and used; do they provide adequate protection for the specific hazard and concentration of the contaminant?
(3)	Has a medical evaluation of the prospective user been made to determine physical and psychological ability to wear the selected respiratory protective equipment?
(4)	Where practical, have respirators been issued to the users for their exclusive use, and are there records covering issuance?

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## Respirator Program Evaluation Checklist (Continued)

(5)		<b>Respiratory protective equipment fitting:</b>
	<input type="checkbox"/>	Are the users given the opportunity to try on several respirators to determine whether the respirator they will subsequently be wearing is the best fitting one?
	<input type="checkbox"/>	Is the fit tested at appropriate intervals?
	<input type="checkbox"/>	Are those users who require corrective lenses properly fitted?
	<input type="checkbox"/>	Are users prohibited from wearing contact lenses when using respirators?
	<input type="checkbox"/>	Is the face-piece-to-face seal tested in a test atmosphere?
	<input type="checkbox"/>	Are workers prohibited from wearing respirators in contaminates work areas when they have facial hair or other characteristics that may cause facial leakage?
(6)		<b>Respirator use in the work area:</b>
	<input type="checkbox"/>	Are respirators being worn correctly (i.e. head covering over respirator straps)?
	<input type="checkbox"/>	Are workers keeping respirators on all the time while in the work area?
(7)		<b>Maintenance of respiratory protective equipment:</b>
		<b>7a - Cleaning and Disinfecting:</b>
	<input type="checkbox"/>	Are respirators cleaned and disinfected after each use when different people use the same device, or as frequently as necessary for devices issued to individual users?
	<input type="checkbox"/>	Are proper methods of cleaning and disinfecting utilized?
		<b>7b - Storage:</b>
	<input type="checkbox"/>	Are respirators stored in a manner so as to protect them from dust, sunlight, heat, excessive cold or moisture, or damaging chemicals?
	<input type="checkbox"/>	Are respirators stored properly in a storage facility as to prevent them from deforming?
	<input type="checkbox"/>	Is storage in lockers and toolboxes permitted only if the respirator is in a carry case or carton?
		<b>7c - Inspection:</b>
	<input type="checkbox"/>	Are respirators inspected before and after each use and during cleaning?
	<input type="checkbox"/>	Are qualified individual/users instructed in inspection techniques?
	<input type="checkbox"/>	Is respiratory protective equipment designated as "emergency use" inspected at least monthly (in addition to each use)?
	<input type="checkbox"/>	Are SCBA incorporating breathing gas containers inspected weekly for breathing gas pressure?
	<input type="checkbox"/>	Is a record kept of the inspection of "emergency use" respiratory protective equipment?
		<b>7d - Repair:</b>
	<input type="checkbox"/>	Are replacement parts used in repair those of the manufacturer of the respirator?
	<input type="checkbox"/>	Are repairs made by manufacturers or manufacturer trained individuals?
(8)		<b>Special use conditions:</b>
	<input type="checkbox"/>	Is a procedure developed for respiratory protective equipment usage in atmospheres immediately dangerous to life or health?
	<input type="checkbox"/>	Is a procedure developed for equipment usage for entry into confined spaces?
(9)		<b>Training:</b>
	<input type="checkbox"/>	Are users trained in proper respirator use, cleaning, and inspection?
	<input type="checkbox"/>	Are users trained in the basics for selection of respirators?
	<input type="checkbox"/>	Are users evaluated, using competency-based evaluation, before and after training?



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**Student - Statement of Safety Instruction**

School: \_\_\_\_\_ Program: \_\_\_\_\_

I have read the safety instructions regarding the operation of the following power-driven machines and related devices in my instructional program. I fully understand the importance of the rules and regulations, and I am aware that the violation of any one of them is likely to cause injury to myself and/or others.

\_\_\_\_\_ (Teacher) has demonstrated to me the proper method of using each machine/device listed on this safety record, and has pointed out the dangers of violating any of the safety instructions. He/she has taught me how to avoid injury by observing the safety instructions and using the machines properly.

I have demonstrated my ability to use each of the machines listed below in the presence of \_\_\_\_\_ (Teacher). I understand how to avoid injury through the proper use of the machines. I am confident that I can operate these machines without injury to others or myself. I have passed the written test(s) covering the material related to these machines or devices. The results of each test are recorded in my permanent records.

I hereby promise to observe the safety instruction and to follow the instruction given in demonstrations.

I have read the above statements and I realize that my signature is proof that I have fulfilled all the requirements mentioned.

Teacher's Signature

Date

Student's Signature

Date

LIST OF EQUIPMENT, MACHINES, DEVICES			
Type of Equipment, Machine, Device	Date	Type of Equipment, Machine, Device	Date

**NOTE: File in Student's Permanent Record Along with Copies of Written Safety Tests.**

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EDUCATION and WORKFORCE DEVELOPMENT CABINET  
OFFICE OF THE SECRETARY

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Joseph U. Meyer  
Acting Secretary

**Physician's Statement**

**The Use of Protective Breathing Devices**

References: Office of Career and Technical Education Safety Manual  
Occupational Safety and Health Administration 29 CFR 1910.134(e)(1)

**Students**, who are enrolled in a program which provides instruction in tasks requiring the use of protective breathing devices, shall have on file a physician's statement of assurance that the individual is physically able to perform the tasks in the program requiring the use of protective breathing devices.

**Instructors** in a program which provides instruction in tasks requiring the use of protective breathing devices shall have on file a physician's statement of assurance that the individual is physically able to perform the tasks in the program requiring the use of protective breathing devices.

The undersigned, a local physician, has determined that \_\_\_\_\_ a (student) (teacher) in the Auto Body Technology Program at \_\_\_\_\_ Area Technology Center is able to perform the tasks in this program which require the use of protective breathing devices; i.e. protective respirators.

\_\_\_\_\_  
Physician's Name (Print)      Date

\_\_\_\_\_  
Physician's Signature      Date

\_\_\_\_\_  
Student's or Instructor's Name      Date

\_\_\_\_\_  
Student's or Instructor's Signature      Date

